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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)							SERIAL NO. 09945536	FILED DATE 08/30/01		
CLAIMS							APPLICANT(S)			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
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46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			8		9		TOTAL IND.			
TOTAL DEP.			19		18		TOTAL DEP.			
TOTAL CLAIMS			27		27		TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1350 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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